

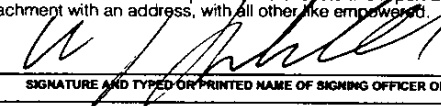


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2008 8:00 am**  
**Secretary of State**

01-08-2008 90004 001 \*\*\*\*61.25

<b>DOCUMENT # 703054</b> 1. Entity Name <b>THE GAINESVILLE MONTHLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS, INC.</b>					
Principal Place of Business <b>702 NW 38 STREET GAINESVILLE, FL 32606</b>			Mailing Address <b>702 NW 38 STREET GAINESVILLE, FL 32606</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WINEFORDNER, LAURA 3535 NW 40 TERRACE GAINESVILLE, FL 32606</b>			Name <b>William J Mitchell</b> Street Address (P.O. Box Number is Not Acceptable) <b>3857 SW 5TH PL</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32607</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>1/6/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSON, JEAN <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	3857 SW 5TH PL		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
TITLE	DS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ODOM, ELISABETH <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	2106 NW 9 AVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
TITLE	TD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINEFORDNER, LAURA <input type="checkbox"/> Delete		NAME	<b>VD</b>	
STREET ADDRESS	3535 NW 40TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	VD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL, WILLIAM <input type="checkbox"/> Delete		NAME	<b>TD</b>	
STREET ADDRESS	3857 SW 5TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCPHERSON, ANNIE <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	4002 NW 16 PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, MARYLYNN <input checked="" type="checkbox"/> Delete		NAME		
STREET ADDRESS	1424 NE 7 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>Signature and typed or printed name of signing officer or director</b> <b>William J Mitchell</b>		
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			<b>Date</b> <b>1/6/08</b>		
			<b>Daytime Phone #</b> <b>352-328-4123</b>		